PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

ra-Lina

| Chective Sandary 1, 2003 | | | | | | | | 10630777 | | | | | |
|--|--|---|------------------------------------|----------------------------------|---------------------|-----------------------------------|--------------|-------------------|------------------------|-----------------|-------------------------------|------------------------|--|
| | | · | S FILED - PART I (Column 1) | | (Column 2) | | SMAL TYPE | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | | | | | PAT | Έ | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASIC | FEE | 375.00 | OR | BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20= | | • 7 | | X\$ 9 | 9= | | OR | X\$18= | 0 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | 0 | | X42 | != | | OR | X84= | | |
| MULTIPLE DEPENDENT CLAIM P | | | RESENT | | | | +140= | | | 1 | | 0 | |
| * If the difference in column 1 is less than zero, enter | | | | | | column 2 | TOT | | | OR | +280= | 0 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | <u>AL</u> | | OR | TOTAL | <u> 750</u> | |
| | | (Column 1) | MENDEL | (Colun | | (Column 3) | SMALL EI | | ENTITY | OR SMALL ENTITY | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID I | EST BER DUSLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | | Minus | *** | | = | X42 | = | | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140 |)= | | OR | +280= | | |
| | | | | | | TO | | Trans | | TOTAL | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | OR' | ADDIT. FEE | | |
| | · · · · · · · · · · · · · · · · · · · | CLAIMS | | HIGH | | (Column 3) | 1 | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVIC PAID I | USLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | AA | | = | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | * | Minus | *** | _ | = | X42: | _ | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +140 | | | | .000 | | |
| | | | | | | | 101 | | | OR | +280= TOTAL | | |
| | | | | | | | | EE | | OR , | ADDIT. FEE | | |
| | | (Column 1) CLAIMS | | (Colum | | (Column 3) | | _ | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUMB PREVIO PAID F | IER USLY | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X\$ 9: | _ | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = | X42= | _ | | ŀ | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | \dashv | | OR | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | | |
| | r the "Highest Nui The "Highest Num | mber Previously Paid ber Previously Paid | id For" IN THI I For" (Total or | S SPACE is Independe | less than | n 3, enter "3." highest number | | | ropriate box | | | | |